



State of Utah

Department of Human Resource Management

NEW EMPLOYEE ORIENTATION CHECKLIST

The Department of Human Resource Management welcomes you as a new employee of the State of Utah.

The following is a checklist of the items to be covered in the New Employee Orientation program you are attending today. As items are covered, put check marks in the spaces provided. At the conclusion of this orientation, complete the bottom of this form and sign it. This form should be given to the instructor at the end of the program. A copy will be forwarded to your agency's human resource office to be included with your personnel file.

<p>1. Standard for Ethical Conduct</p> <p><input type="checkbox"/> a. incompatible outside activities</p> <p><input type="checkbox"/> b. political activities</p> <p><input type="checkbox"/> c. Information Technology Policies/Procedures</p> <p>2. Employee Duties and Staff Development</p> <p><input type="checkbox"/> a. performance plan & review (Classification)</p> <p><input type="checkbox"/> b. employee development</p> <p><input type="checkbox"/> c. job bidding (Utah Job Match)</p> <p>3. Employee-Related Policies & Procedures</p> <p><input type="checkbox"/> a. equal employment opportunity</p> <p><input type="checkbox"/> b. employee rights</p> <p><input type="checkbox"/> c. resignation</p> <p><input type="checkbox"/> d. drug-free workplace</p> <p><input type="checkbox"/> e. ADA (Americans with Disabilities Act)</p> <p><input type="checkbox"/> f. unlawful harassment prevention (verification on file)</p> <p>4. Compensation Standards</p> <p><input type="checkbox"/> a. job worth</p> <p><input type="checkbox"/> b. payroll</p> <p><input type="checkbox"/> c. payroll deductions</p> <p><input type="checkbox"/> d. salary increases</p> <p><input type="checkbox"/> e. overtime (FLSA)</p> <p><input type="checkbox"/> f. leave</p> <p><input type="checkbox"/> g. FMLA (Family/Medical Leave Act)</p>	<p>5. Employee Conduct</p> <p><input type="checkbox"/> a. corrective/disciplinary action</p> <p><input type="checkbox"/> b. dismissal</p> <p><input type="checkbox"/> c. grievance</p> <p>6. Retirement</p> <p><input type="checkbox"/> a. non-contributory retirement</p> <p><input type="checkbox"/> b. 401(k)</p> <p><input type="checkbox"/> c. 457</p> <p>7. Benefits</p> <p><input type="checkbox"/> a. health benefits</p> <p><input type="checkbox"/> b. dental benefits</p> <p><input type="checkbox"/> c. basic life insurance</p> <p><input type="checkbox"/> d. optional life insurance</p> <p><input type="checkbox"/> e. spouse/dependent life</p> <p><input type="checkbox"/> f. Vision</p> <p><input type="checkbox"/> g. LTD</p> <p><input type="checkbox"/> h. AD&D</p> <p><input type="checkbox"/> i. COBRA</p> <p><input type="checkbox"/> j. flexible benefits (FLEX\$)</p>
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I certify that I have reviewed and understand the subjects listed above.

PRINT Name & Social Security No. _____

Signature & Date _____

Department/Agency _____